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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-07)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: 1994 JCAHO Survey Results Show Navy Medicine's Quality
JCAHO-BUMED Washington (NSMN) -- Not all the results are in from surveys conducted during 1994 at Navy medical treatment facilities by the Joint Commission on Accreditation of Healthcare Organizations, but what we've got so far reflects the high standards of Navy medicine. The Navy average of 94.91 out of 100 reflects grid scores from Naval Hospitals Camp Lejeune, NC; Great Lakes, IL; Groton, CT; Lemoore, CA; Millington, TN; Oak Harbor, WA; Okinawa, Japan; Pensacola, FL; and Twentynine Palms, CA; and Naval Medical Clinics Pearl Harbor and Quantico, VA. Naval Hospital Millington and Naval Medical Clinic Quantico received accreditation with commendation, which means they received a grid score of 90 or better with no "type one" recommendations. A type one recommendation requires a follow-up (i.e., written progress report or focused survey).

Facilities scheduled for JCAHO surveys in 1995 include National Naval Medical Center Bethesda, MD; Naval Hospitals Beaufort, SC; Guam; Naples; Camp Pendleton, CA; San Diego; and Yokosuka, Japan; and Naval Medical Clinic Portsmouth, NH.

The mission of the JCAHO is to improve the quality of health care provided to the public. The Joint Commission develops standards of quality in collaboration with health professionals

and others. It stimulates health care organizations to meet or exceed the standards through accreditation and the teaching of quality improvement concepts.

An organization voluntarily undergoes a survey by a full team of Joint Commission experts every three years. After being surveyed, the organization receives one of the following accreditation decisions: accreditation with commendation; accreditation; accreditation with recommendations for improvement; provisional accreditation (a temporary status for newly established organizations); conditional accreditation; and not accredited.

The Joint Commission evaluates and accredits more than 5,200 hospitals and more than 6,000 other health care organizations. JCAHO accreditation is available for general, psychiatric, children's and rehabilitation hospitals; health care networks; ambulatory care facilities; home care organizations; long-term care facilities; mental health care organizations; and clinical laboratories.

Founded in 1951 as the Joint Commission on Accreditation of Hospitals, the name was changed in 1987 to better reflect the increasing diversity of organizations being accredited. The Joint Commission employs more than 600 physicians, nurses, health care administrators and other experienced professionals to perform accreditation surveys. In addition, more than 600 individuals work in the central office to schedule surveys, analyze survey reports, develop standards and performance measures, produce publications and educational programs, and serve the needs of accredited organizations and the public.

The 28-member Board of Commissioners, which governs the Joint Commission, includes members representing the public, the nursing profession and various organizations such as American College of Physicians, American College of Surgeons, American Dental Association, American Hospital Association and American Medical Association.

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HEADLINE: Navy Officer Joins JCAHO in Unique Fellowship Position
BUMED Washington (NSMN) -- CDR Marylouise Felhofer, NC, is the Navy's best expert on surveys by the Joint Commission on Accreditation of Healthcare Organizations. Her advice for our medical facilities facing the triennial inspection? "Preparation for a Joint Commission survey," she said, "should be an ongoing process. The surveyors look for a track record of activity, not what you've done in the past six months."

Felhofer speaks from her experience on both sides of the inspection. "My background is quality assessment and improvement, which is now called performance improvement," she said. "As the command QA/I coordinator, you often coordinate preparations for the survey." Even more valuable is her experience gained by working at the Joint Commission itself, from September 1993 to September 1994.

"It was a great experience," said Felhofer of the Fellowship, which resulted from arrangements between Navy Surgeon General VADM Donald F. Hagen, MC, and JCAHO President Dr. Dennis

S. O'Leary. "As the first person in the position -- called the U.S. Navy Medicine Joint Commission on Accreditation of Healthcare Organizations Fellowship, I developed my own course of study with a member of the Commission's senior staff as my preceptor."

"Her own course of study" was designed to accomplish goals Felhofer had set for herself, which included finding out all about how the Joint Commission worked. "I wanted to learn how standards were developed; what surveyors do, how they survey; and how the Joint Commission arrives at an accreditation decision."

Learn she did. During what Felhofer described as "a very good, very busy Fellowship," she got involved in two major projects and worked at all levels in the JCAHO, "working with folks in the trenches through the board of commissioners."

One of the projects Felhofer worked on, Health Care Network Accreditation, is already in use. "It's the fastest they've ever brought an accreditation program on line," she said. She worked with the team that developed the program, bringing to it her expertise as both a customer representative and employee of a network. "Health Care Networks are health care delivery systems that include multiple organizations, such as hospitals and freestanding ambulatory care centers," Felhofer explained. "The Navy is a health care network." Although the standards were published in 1994, there are no plans currently for them to be applied to the Navy.

Another project Felhofer worked on, however, is directly related to our system -- a surveyors guide for DOD hospital surveys. Although the Navy Fellowship is the only DOD position at the JCAHO, Felhofer worked with a triservice team in developing the draft guide. It has already been field tested and updated by the Navy's current JCAHO Fellow, LCDR Marge Class, NC.

Working with the surveyors and central office staff on these projects went a long way toward accomplishing Felhofer's goals. She also attended surveyor training: the three-week course for hospital surveys; two weeks on freestanding ambulatory care; one week (for experienced surveyors) on the new health care network standards -- the first. She also attended surveyor update training.

The Navy billet is located at the JCAHO's central office in Oakbrook Terrace, IL, a western suburb of Chicago. There Felhofer worked with staff members who process and convert data collected by the field surveyors and analyze it to arrive at an accreditation decision. She also attended the quarterly meetings of the Board of Commissioners, the Joint Commission's governing body.

By the end of her Fellowship, Felhofer had achieved her goals. She'd worked with the field, surveyors, staff in the central office, and been involved with committees, customer groups and the Board of Commissioners. She'd followed the process of creating standards from inception to implementation. And she saw how the Joint Commission arrives at an accreditation decision, "from on site through central office and on to appeal."

In a quiet understatement, Felhofer pronounced the Fellowship, "a worthwhile experience."

If you are interested in a chance at this Fellowship, watch the message traffic around March, which is when BUMED's Quality Assessment and Improvement Division solicits nominations for the 2xxx billet.

Story by Liz Lavallee

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HEADLINE: Twentynine Palms Receives JCAHO Seal of Approval

NAVHOSP Twentynine Palms, CA (NSMN) -- Naval Hospital Twentynine Palms has achieved accreditation from the Joint Commission on Accreditation of Healthcare Organizations as a result of its demonstrated compliance with the Joint Commission's nationally recognized health care standards.

"Above all, the national standards are intended to stimulate continuous, systematic and organization-wide improvement in an organization's performance and the outcomes of care," said John Clem, director, Hospital Accreditation Services, JCAHO. "The military community in Twentynine Palms should be proud that Naval Hospital Twentynine Palms is focusing on the most challenging goal -- to continuously raise quality to higher levels."

CAPT Carl S. Chitwood, commanding officer, Naval Hospital Twentynine Palms, spoke of his pride in a staff whose members ask what needs to be done to be accredited by the Joint Commission. "In addition, they appreciated the educational aspect of the survey and the opportunity to interact with the team of surveyors." Chitwood called the accreditation "proof of an organization-wide commitment to provide quality care on an ongoing basis."

Since the inception and planning started for the new hospital at the Marine Corps Ground Combat Center, the past and current staff of Naval Hospital Twentynine Palms has been working toward this goal of accreditation. On Thursday, 9 February, a collective sigh of relief and an air of jubilation filled the hospital's hallways and offices when everyone found out that Naval Hospital Twentynine Palms received the "Seal of Approval" with a score of 96 out of a possible 100 from the JCAHO.

"We have achieved an important goal in the history of Naval Hospital Twentynine Palms. However, we can't sit back and rest on our laurels and let our resolve diminish in providing the best possible medical care to our patients," said Chitwood. "Everyone here worked many long hours to achieve this honor, not so much as for themselves, but for the patients we serve," the captain added.

The JCAHO is the leading health care accrediting body in the world, evaluating and accrediting more than 11,000 health care organizations in the United States. The Joint Commission's board is made up of prominent public members and leaders in the health care profession. Since its founding in 1951, the Joint Commission has had one ultimate goal -- to improve the quality of care for patients.

The Joint Commission inspected several areas of the hospital with an on-site survey in December, which included assessment of patients; medication use; operative procedures; patient/family education; patient rights; qualifications and competency of

service providers and staff; nursing; staff training; physical environment and safety; department-specific information; diagnostic radiology services; dietary services; emergency services; laboratory services; organizational leadership and management; governing body; management and administration; information management; improving organizational performance; pharmacy services; physical rehabilitation services; social services; and respiratory care services.

"The entire staff of the Naval Hospital deserves a pat on the back for their hard work and dedication toward achieving this goal for our patients," said Chitwood.

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HEADLINE: Millington Credits TQL/QI with Outstanding JCAHO Score
NAVHOSP Millington, TN (NSMN) -- Naval Hospital Millington underwent triennial recertification by the Joint Commission on Accreditation of Healthcare Organizations 12-13 October 1994. The command was awarded accreditation with commendation and a grid score of 98 out of a possible 100. Joint Commission statistics show that out of 5,200 accredited hospitals, only 5 percent are awarded accreditation with commendation. The grid score is among the highest ever received by a naval hospital. Of further significance is that Naval Hospital Millington achieved these exceptional results under revised JCAHO guidelines.

How did Naval Hospital Millington accomplish this? "It's important to understand the changes in health care and how Navy medicine is trying to meet the needs of its beneficiaries," stated LT Robert Rettig, NC, command Quality Improvement Coordinator. "In 1992, the Joint Commission on Accreditation of Healthcare Organizations initiated a significant transition in its accreditation process. The transition moved the Joint Commission health care standards away from a focus on capability to a focus on the actual performance of clinical and organizational functions that most significantly impact patient health outcomes," stated Rettig. "The revision process of the standards was based upon the fundamental premise that health care organizations exist to maximize the health of the people they serve while using resources efficiently."

Understanding these changes meant the command needed a fresh approach to how they carried out their mission. "We went back to basics and began the transition to Total Quality Leadership (TQL) in our quality improvement (QI) processes," stated Rettig.

HMC(SW) Margaret Anders, assistant command TQL Coordinator, TQL Department, was one of several persons instrumental in facilitating the command's TQL/QI processes. She stated, "Success is attributable to our commanding officer, CAPT Michael Blome, MSC, who has 34 years of service. A visionary and forthright leader, Captain Blome is an active proponent of Total Quality. His guidance of the Executive Steering Council (ESC) in revisiting and aligning the command's mission, vision and guiding principles was monumental. He then infused these working documents to the lowest level so everyone knew they had a role to play in the hospital's mission. This 'ownership' reflects the TQL philosophy, which encourages input and participation from

everyone at every level of the organization. The processes in the system belong to them and they know best how the process works and how to improve it. We improved all processes, which lead to improved functions, enabling us to better serve our customers."

The ESC was formed from the hospital's directors and special assistants. They began to take on the new multi-disciplinary, cross-functional standards from JCAHO and, using TQL principles, developed the hospital's approach to the upcoming survey.

"Talking change and then actually producing something are two different things," said Rettig. "Our TQL/QI initiatives would not have worked except for the personal commitment of our various staff members. We put multi-disciplinary teams together to begin to assess our compliance with Bureau of Medicine and Surgery and JCAHO requirements."

Director for Administration CDR Richard Rosander, MSC, summed it up this way: "The Command's Executive Steering Council chartered its first Quality Management Board (QMB) to guide the transformation of the inpatient hospital of today into the outpatient clinic of tomorrow as envisioned in the command's mission, vision and strategic goals. This QMB is a direct application of JCAHO cross-functional standards and the TQL approach. The synergy and flow of ideas that came from this multi-disciplinary group in addressing the needs of our patients was really exciting."

It would be impossible to describe all the TQL/QI efforts made in changing the command. CAPT Richard Buck, MC, executive officer, put it best when he stated: "This is a command that truly has integrated TQL/QI into its daily activities. I knew this after I had been invited and participated in a strategic planning session with the ESC five months before I reported here. My experience since has confirmed and strengthened that initial impression. I stated before the JCAHO survey that I felt we would do extremely well because of our strong TQL/QI efforts. I can honestly say that I was not surprised when we were awarded accreditation with commendation and received such a high grid score."

In a release announcing the hospital's results, Dennis S. O'Leary, MD, president of the Joint Commission said, "Receiving accreditation with commendation is a significant achievement, one that recognized exemplary performance by Naval Hospital Millington. The organization should be commended for its commitment to providing care to the people in its community."

The Joint Commission has also asked Blome to participate in a teleconference at the end of February, along with 11 other CEOs of hospitals that performed exceptionally well under the new standards, particularly in regard to management information.

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HEADLINE: Quantico Receives Accreditation with Commendation

NMCL Quantico, VA (NSMN) -- Naval Medical Clinic Quantico has been accredited with commendation by the Joint Commission on Accreditation of Healthcare Organizations. This is the highest level of accreditation awarded by the Joint Commission, which is

the nation's oldest and largest accrediting body for health care facilities.

Formed in 1951, the Joint Commission is dedicated to improving the quality of the nation's health care through voluntary accreditation. The Joint Commission's on-site survey of the Naval Medical Clinic occurred in September.

"Receiving accreditation with commendation is a significant achievement, one that recognizes exemplary performance by the Naval Medical Clinic," said Dennis S. O'Leary, MD, president, JCAHO. "The organization should be commended for its commitment to providing quality care to the people in its community."

"We are extremely pleased to have achieved this designation," said CAPT William L. Roach Jr., MSC, the clinic's commander officer. "Everyone here works very hard to provide the best possible health care to our beneficiaries. Receiving accreditation with commendation is something of which we're very proud.

"But we're not going to rest on our laurels," continued Roach. "This is just an incentive to continue to improve our services."

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HEADLINE: JCAHO IMSytem Offers Hospitals First Central Database

BUMED Washington (NSMN) -- Since 1994, the Joint Commission on Accreditation of Healthcare Organizations has had something new available for hospitals: the nation's first national performance measurement database for health care organizations. The Indicator Measurement System, IMSytem for short, looks to provide participating health care facilities comparative information to help them in their quality improvement efforts.

"The database is available to hospitals now, but it's only of interest to a few departments -- the indicators are specific to certain patient populations," said CDR Marylouise Felhofer, NC, who filled the U.S. Navy Medicine JCAHO Fellowship position in FY94 and worked on expanding the indicators tracked by the IMSytem. "In 1994, the first two sets of data were for perioperative and OB. There were three sets out in 1995 -- trauma, cardiovascular and oncology. In '96, there'll be two more."

As the system expands, the benefits will spread throughout the hospitals in the database. By feeding data to the Joint Commission on a continuous basis, health care organizations can always look at where they stand in comparison with their peers. The Joint Commission will also be able to better assess facilities during their triennial surveys, as the track record provided by IMSytem will help focus surveyors' questions.

"Indicators included in the Joint Commission's IMSytem," says a JCAHO fact sheet, "are acceptable indicators for assessing and improving organization performance and may be used to demonstrate compliance with JCAHO standards."

Currently, use of the system is voluntary and indicator data is not being used in the survey process. Those facilities that enrolled for 1994 were able to gain experience with data collection and transmission with just 10 indicators. In 1995,

there will be 25 indicators and in 1996, approximately 35. Early enrollment also gives hospitals time to establish processes for gathering complete and accurate data.

"Eventually, a great many indicators will be in the system," said Felhofer. "Not only what the Joint Commission looks for, but other organizations' criteria, if they meet standards of validity and reliability, will be included."

Facilities that do well on JCAHO surveys and Felhofer -- the Navy's leading expert on JCAHO inspections -- agree that the key to success is continual improvement. The IMSystem allows facilities the opportunity of self-assessment and improvement on a continuing basis. And that contributes to the Joint Commission's mission of improving the quality of health care provided to the public.

Story by Liz Lavallee

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3. Events, observances and anniversaries for 22 February - 4 March, the month of March and important dates for March from the Bureau of Naval Personnel:

22 February: Morning (0600-0800) and Night (until 2200) Detailing (EST -- Washington, DC, time)

22 February 1732: Washington's Birthday

23 February 1795: Navy Supply Corps established

23 February 1945: U.S. Marines raise flag on Mt. Suribachi, Iwo Jima

28 February: Mardi Gras

28 February: LTjg FitReps Due

28 February: E-7/E-8 Selection Board Convenes

MARCH

Women's History Month

National/Navy Nutrition Month

Cataract Awareness Month (Prevent Blindness America, 1-800-331-2020)

National Chronic Fatigue Syndrome Awareness Month (for information, contact: Orvalene Prewitt, president, National Chronic Fatigue Syndrome Association, 3521 Broadway, Suite 222, Kansas City, MO 64111)

EDI (Electronic Data Interchange) in Health Care Month (1-800-877-0004)

Eye Donor Month (202/775-4999)

Hemophilia Awareness Month (212/219-8180, ext 3006)

National Kidney Month (1-800-622-9010)

Mental Retardation Awareness Month

National Social Work Month (312/422-3777)

Music in our Schools Month

1 March: Ash Wednesday

2 March 1867: Navy Civil Engineer Corps established

3 March 1871: Navy Medical Corps established

3 March 1915: Naval Reserve established

4-5 March: National Easter Seal Telethon (312/726-6200)

BUPERS March Dates

7 March: Active O-5 Board Convenes

7 March: Morning (0600-0800) and Night (until 2200)

Detailing (EST -- Washington, DC, time)

20 March: Aviation Major Command Board Convenes

27 March: Astronaut Candidate Board Convenes

27 March: Medical Service Corps Inservice Procurement Board
Convenes

27 March: Reserve E-8/E-9 Board Convenes

28 March: Morning (0600-0800) and Night (until 2200)

Detailing (EST -- Washington, DC, time)

31 March: CWO4, CWO3 and CWO2 FitReps Due

31 March: E-5 Evaluations Due

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HEADLINE: February Proclaimed American Heart Month

THE WHITE HOUSE, Washington (NSMN) -- President William J. Clinton signed the following presidential proclamation on 10 February 1995:

Throughout history, the heart has been a symbol of health and well-being. Yet nothing now overshadows Americans' health as much as heart disease -- the leading cause of death among men and women. Diseases of the heart and blood vessels kill nearly a million Americans each year, most from the effects of atherosclerosis, the narrowing and stiffening of blood vessels from the buildup of plaque that usually begins early in life.

Today, Americans are enjoying the rewards of the progress humanity has made in understanding and treating cardiovascular disease. Advances in diagnosis make it possible to see the heart beat without the use of invasive procedures. Thousands of heart attack victims are being saved by the rapid administration of drugs to dissolve blood clots. Soon, gene therapy may be able to prevent the smooth muscle cell multiplication that contributes to the narrowing of blood vessels. Perhaps most important, we have greater understanding of how to prevent the development of heart disease. By controlling blood pressure and blood cholesterol, being physically active, and not smoking cigarettes, more Americans can have the chance to lead long, healthy lives.

The Federal Government has contributed to these successes by supporting research and education through the National Heart, Lung, and Blood Institute. Through its commitment to research, its programs to heighten public awareness, and its vital network of dedicated volunteers, the American Heart Association also has played a crucial role in bringing about these remarkable accomplishments.

Yet the heart has not revealed all of its mysteries. No one knows why heart disease begins. And, while it is known that heart disease develops differently in men and women, the reasons for those variations are still being studied. About 50 million Americans continue to suffer from hypertension, a major cause of stroke, and 1.25 million Americans have heart attacks every year.

Conquering these diseases requires unwavering national and personal commitment. On the national level, the Federal Government will continue to support research into the prevention, diagnosis, and treatment of heart disease. On the personal level, Americans can take steps to prevent heart disease from striking their families, including teaching their children

heart-healthy habits. Working together, we can make the tragedy of heart disease a nightmare of the past.

In recognition of the need for all Americans to become involved in the ongoing fight against cardiovascular disease, the Congress, by Joint Resolution approved December 30, 1963 (77 Stat. 843; 36 U.S.C. 169b), has requested that the President issue an annual proclamation designating February as "American Heart Month."

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, do hereby proclaim February 1995 as American Heart Month. I invite the Governors of the States, the Commonwealth of Puerto Rico, officials of other areas subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to combating cardiovascular disease and stroke.

IN WITNESS WHEREOF, I have hereunto set my hand this tenth day of February, in the year of our Lord nineteen hundred and ninety-five, and of the Independence of the United States of America the two hundred and nineteenth.

Signed WILLIAM J. CLINTON

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4. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793, DSN 294-0793. FAX (202) 653-0086, DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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